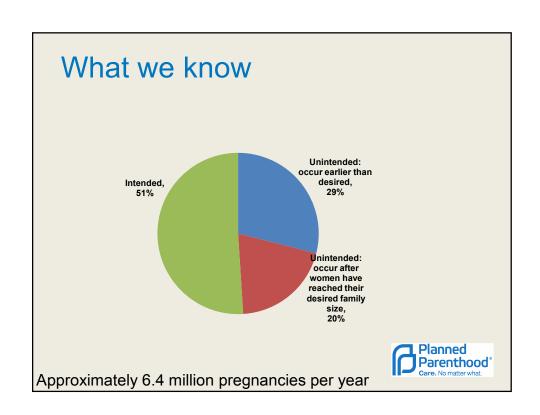
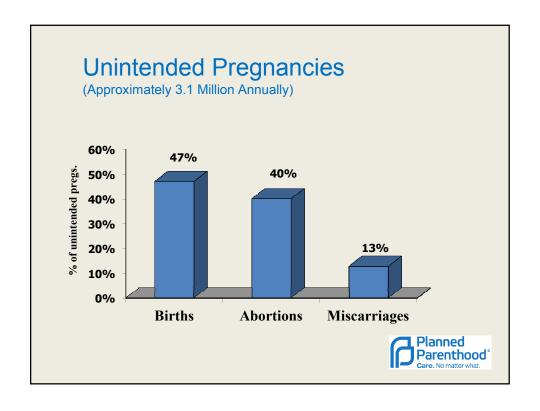
# Long-Acting Reversible Contraceptives (LARCs): The device, the delivery and the discourse

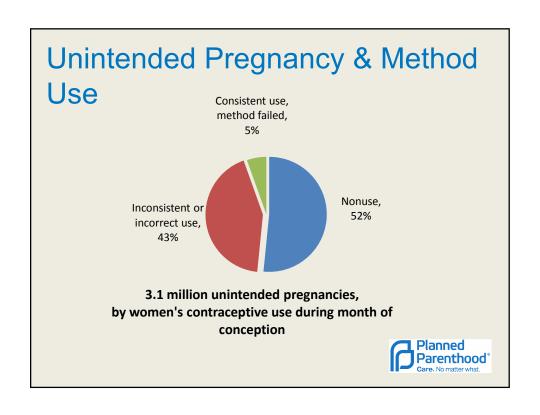


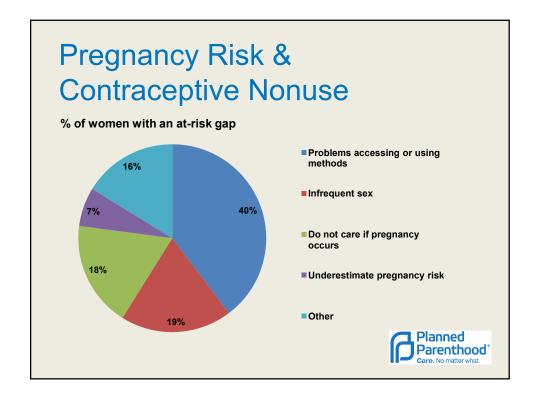
Dana Karash, NP Family Planning Coordinator Planned Parenthood of Metropolitan Washington, DC











# Why LARC-Potential Benefits

- Effectiveness
- · Acceptability/patient satisfaction
- Population level impact



#### Efficacy vs. Effectiveness

- Efficacy: How well can it work?
  - Ideal / perfect use: Method used exactly as prescribed
  - Example: COCs have an efficacy rate >99%
    - Failure rate = 3:1000
- Effectiveness: How well does it work?
  - Typical Use: What happens in the real world
  - Example: COCs have an effectiveness rate closer to 92%
    - Failure rate = 8:100



## The "Choice Project"

- CONCEPT
  - The Contraceptive Choice Project
  - http://www.choiceproject.wustl.edu/
  - Remove the financial barriers
  - Promote the most effective methods
  - Reduce unintended pregnancy in the St. Louis area.
- August 2007-September 2011
- 9,256 women



#### **Potential Barriers**

- Provider
- Organizational
- Patient



## Provider

- Education
  - Basic information about all devices
  - Addressing myths and misinformation
- Training
  - Not all providers willing or able to place all devices
  - Not all support staff trained to assist in procedures
  - Don't forget other departments (billing, IT, development)
- Support
  - Management for difficult insertions (or removals)



# Organizational

- · Stocking devices
  - Can be expensive to stock
  - Nuances to predicting how many to keep on the shelf
- Insurance (pre)authorization
- In-office flexibility
  - Managing mid-stream changes



#### **Patient**

- Cost
  - Self pay
  - Insurance copays/deductibles
- Education
  - Basic education about device
  - Managing myths and misperceptions
  - Lawsuit commercials
- Environmental
  - Impact of friends/family on contraceptive choice
  - Historical context of reproductive injustices



## Did it work?

Insert data regarding LARC use at PPMW



# Final thoughts

- Strategy focused on increasing access/availability not increasing insertions
- · Remaining patient centered
- Flexibility is key

